

2005 Physical Therapy & Occupational Therapy Worker Shortage Assessment

Conducted by the Snohomish County
Workforce Development Council in
Partnership with the Snohomish County
Health Services Careers Partnership

September 2005

Results- 2005 Physical & Occupational Therapy Worker Shortage Assessment

Background

In response to the local shortage of workers in Physical Therapy and Occupational Therapy, a workforce assessment was conducted in July 2005 by the Snohomish County Workforce Development Council (WDC) in collaboration with the Snohomish County Health Services Careers Partnership. The survey asked 10 questions related to the following four occupations: Physical Therapists (PTs), Physical Therapy Assistants (PTAs), Occupational Therapists (OTs), and Certified Occupational Therapy Assistants (COTAs). The assessment was conducted primarily to provide a resource to local educational training programs to better determine the current and future workforce demands for entry level therapists in the region.

Survey Design

The Snohomish County Workforce Development Council surveyed 451 organizations, primarily in the targeted areas of Snohomish County, South Skagit County, and North/East/Central King County. The survey participants were compiled from data provided by the State of Washington LMEA (Labor Market & Economic Analysis) and through various statewide listings of PT/OT organizations.

The survey was distributed to clinics, hospitals, rehabilitation facilities, school districts, individual therapists, skilled nursing facilities, and other organizations that employ therapists. 52 organizations that employ therapists completed the survey. Additionally, 25 surveys were returned to sender and 16 were sent back with comments that the organization did not employ any therapists.

Survey respondents who employ therapists represented the following facility types:

Adult Care/Adult homes (2)	Individual Owner/Therapist (1)	Schools (7)
Clinics/Rehab Facilities (16)	Outpatient Facility (1)	Skilled Nursing/Convalescent (13)
Home Health Services (2)	Residential Care/Assisted Living (2)	Transitional Care Facility (1)
Hospitals (6)		

Main Survey Findings

3 major issues were found which compound and increase the shortage of therapy professionals in the region:

- 1) Graduate numbers from all 4 therapy training programs are insufficient to meet regional workforce needs.
- 2) New increased educational requirements for PT/OT are not seen as value-added by survey respondents.
- 3) PT/OT departments/organizations are challenged by the salaries being demanded by therapy professionals, primarily because of low reimbursement rates, regulations, demand vs. supply of graduates, and increasing student loans incurred from new educational requirements.

Summary of Survey Responses

Survey Questions #1-5 asked respondents to supply information in each of the 4 therapy occupations being surveyed (PTs, PTAs, OTs, & COTAs). Questions included the number of regular and contract employees they currently have, how many current vacancies they have, how many months an open position typically stays vacant, and how many entry level employees would they reasonably be able to employ in the next 12 months, should the qualified applicants be available

Summarization of data regarding the 4 occupations in the surveyed region includes:

- There are **4030** full and part time (non contract) employees currently working in the 4 occupations
- There are **383** contract/agency full and part time employees currently working in the 4 occupations
- There are **728** current vacancies for full and part time employees in the 4 occupations
- A job opening in the 4 occupations stays open for an average of **6 months** before being filled
- **932** entry level full and part time employees could reasonably be employed in the next 12 months in the 4 occupations

(For complete details of summary findings broken down by occupation, please see pages 3-10)

Question #5 asked respondents how many entry level employees local organizations could reasonably employ within the next 12 months, should the qualified applicants be available.

PTs: An estimated **380** new graduates could be employed within the next 12 mo. *(includes both full & part time)*
(Based on 2005 WWAHEC research, there will be an estimated 90 total graduates in 2005 from all 3 of the WA State Physical Therapy programs).

PTAs: An estimated **197** new graduates could be employed within the next 12 mo. *(includes both full & part time)*
(There will be an estimated 55 total graduates in 2005 from all 3 of the WA State Physical Therapy Assistant programs in 2005).

OTs: An estimated **248** new graduates could be employed within the next 12 mo. *(includes both full & part time)*
(There will be an estimated 37 total graduates in 2005 from all 3 of the WA State Occupational Therapy programs in 2005). Note that Eastern WA University is in its first year of a new MOT program, so there will be no graduates in 2005.

COTAs: An estimated **107** new graduates could be employed within the next 12 mo. *(includes both full & part time)*
(There will be an estimated 14 total graduates in 2005 from the only WA State Certified Occupational Therapy Assistant program in 2005).

Question #6 asked respondents what the top reasons were that contribute to an overall or community worker shortage in each of the 4 occupations. In order of most frequent responses to least frequent responses, below are the top 10 reasons the respondents gave which contribute to an overall community worker shortage in all of the 4 occupations combined.

Not Enough Students Graduating/Enough Schools (mentioned 55 times throughout all 4 occupations)

Salaries/Compensation (mentioned 34 times throughout all 4 occupations)

Programs Requiring Advanced Degrees (The move to a DPT program for Physical Therapy or BS to MOT for Occupational Therapy) (mentioned 22 times throughout all 4 occupations)

Increased Demand/Limited Qualified Individuals (mentioned 14 times throughout all 4 occupations)

Low Student Enrollment (mentioned 12 times throughout all 4 occupations)

Location of Job (mentioned 9 times throughout all 4 occupations)

Employees Left the Field when PPS Started (mentioned 7 times throughout all 4 occupations)

Insurance/Contracting Issues (mentioned 6 times throughout all 4 occupations)

Population Growth (mentioned 3 times throughout all 4 occupations)

Question #7 Survey respondents were asked for some suggestions to address the worker shortages.

Suggestions varied and included increasing educational class sizes/starting additional programs, increasing salaries/benefits, increasing insurance reimbursement, encouraging youth to enter the career field, and keeping PT at a Masters level. *(See p.8 for a complete list of responses)*

Question #8 Survey respondents were asked if they believed there is a real or perceived shortage of PT/OT workers and if patients in the community could get treatment they needed somewhere else. Of those who directly answered the question(s):

78% mentioned they believe there is a **REAL** shortage

13% did not directly say, but inferred that there is a **REAL** shortage based on their comments

9% said **NO**, or hinted that there may **NOT be a REAL** shortage

(See p. 9 for a complete list of responses)

Additionally, 3 survey respondents mentioned that there is a real Speech/Language Pathology worker shortage as well

The detailed survey results on the following pages have been designed to show readers the exact data collected and to provide as few assumptions as possible.

Physical Therapists (PTs), answers to survey questions #1-#6

The following survey results demonstrate both estimated numbers in the targeted region based on inferences made by the survey sample as well as the actual numbers reported by the combined 52 responding organizations.

Note: Full-Time = 35+ hours/wk, Part-Time = less than 35 hours/wk

1. Number of employees currently employed in each occupation *(do not include agency/contract)*
Estimated at: **1262** full-time & **1036** part-time *(Actual numbers from the 52 organizations: 201 full & 165 part-time)*

2. Number of agency/contract employees in each occupation
Estimated at: **113** full-time & **88** part-time *(Actual numbers from the 52 organizations: 18 full & 14 part-time)*

3. How many vacancies do you currently have in each occupation?
Estimated at: **226** full-time & **122** part-time *(Actual numbers from the 52 organizations: 36 full & 19.5 part-time)*

4. How many months does an open position typically stay vacant in each occupation?
(The numbers below demonstrate the average number of months, as reported by all respondents)
7.1 full-time **5.5** part-time

5. How many entry level employees would you reasonably be able to employ in the next 12 months, should the qualified applicants be available?
Estimated at: **270** full-time & **110** part-time *(Actual numbers from the 52 organizations: 43 full & 17.5 part-time)*

6. In your organization's opinion, please list the top reasons contributing to an overall community worker shortage in each occupation? *(Some respondents cited multiple reasons)*

Not Enough Students Graduating (24 mentions of this). Comments include: Limited class sizes/limited admissions, schools unable to meet demands, no incentive to expand programs, and a reduction in the numbers of graduates because of new education requirements.

Programs moving to a DPT program (20 mentions of this). Comments include: Longer for graduates to come out, limited people wanting to pursue career, research focused program entrants, and costly program (thus graduates demanding higher salaries).

Unable to Pay the Salaries PTs are demanding (13 mentions of this). Comments include: Low reimbursement rates, demand vs. supply of graduates, graduates demanding higher salaries because of Ph. D. /excessive student loans, and the local cost of living.

Insurance Company Contracting Issues (3 mentions of this).

PTs left the field when PPS started a few years ago (2 mentions of this).

Difficulty with finding Pediatric PTs (2 mentions of this).

Location (2 mentions of this).

Other Comments:

- Increased utilization & aging population
- Difficulty finding on-call pool to draw from
- Physically demanding job/many leave field
- Need high quality person with high grades, long schooling
- Fewer and fewer job applicants
- Limited number in overall workforce
- Only hire experienced staff
- A lot of employer competition
- Female therapists taking breaks to be mothers
- School districts are unable to count clinical experience for salary schedule placement and are generally unable to offer full-time medical benefits to part-time employees
- Most therapists enjoy flexibility and perks of registry and travel staffing companies
- Schools are limited by clinical sites and qualified faculty
- Therapists leave area once trained
- Population has grown

Physical Therapy Assistants (PTAs), answers to survey questions #1-#6

The following survey results demonstrate both estimated numbers in the targeted region based on inferences made by the survey sample as well as the actual numbers reported by the combined 52 responding organizations.

Note: Full-Time = 35+ hours/wk, Part-Time = less than 35 hours/wk

1. Number of employees currently employed in each occupation (do not include agency/contract)
Estimated at: **320** full-time & **157** part-time (Actual numbers from the 52 organizations: **51** full & **25** part-time)

2. Number of agency/contract employees in each occupation
Estimated at: **13** full-time & **25** part-time (Actual numbers from the 52 organizations: **2** full & **4** part-time)

3. How many vacancies do you currently have in each occupation?
Estimated at: **100** full-time & **35** part-time (Actual numbers from the 52 organizations: **16** full & **5.5** part-time)

4. How many months does an open position typically stay vacant in each occupation?
(The numbers below demonstrate the average number of months, as reported by all respondents)
5.7 full-time **5.1** part-time

5. How many entry level employees would you reasonably be able to employ in the next 12 months, should the qualified applicants be available?
Estimated at: **119** full-time & **78** part-time (Actual numbers from the 52 organizations: **19** full & **12.5** part-time)

6. In your organization's opinion, please list the top reasons contributing to an overall community worker shortage in each occupation? (Some respondents cited multiple reasons)

Not Enough Students Graduating/Enough Schools (10 mentions of this). Comments include: Not enough schools, not enough graduates, limited program availability, few training opportunities in the state, number of graduates not keeping pace with population growth, not enough coming out of school to meet the need, and the incentive to expand the programs in times of worker shortages isn't there.

Low Student Enrollment/Interest (6 mentions of this). Comments include: Small class sizes, awareness of therapy careers seems to be limited and not enough students enrolling.

Salary/Compensation (6 mentions of this). Comments include: Cost of living in area, nursing homes offer more pay, school districts pay less than private sector, benefits, & salaries almost as much as PTs.

Regulations on use of PTAs (2 mentions of this). Comments include: Medicare tightened down on rules and requirements for use of PTAs-- they can't be used in the same way as before, Medicare put in rules regarding supervision with PTAs, and insurance company non payment for PTA treatment.

Location (2 mentions of this). Comments include: Low reimbursement rates, demand vs. supply of graduates, graduates demanding higher salaries because of Ph. D./excessive student loans, and the local cost of living.

Insurance Company Contracting Issues (3 mentions of this).

PTs left the field when PPS started a few years ago (2 mentions of this).

Other Comments:

- Difficulty finding on-call pool to draw from
- Because of PT shortage, more PTAs utilized
- Hard to hire PTAs
- Population has grown
- Not sure that there is an overall community worker shortage with PTAs. It's difficult in home health to hire many PTAs because of the supervisory requirements by already busy PTs
- Hard to locate with a WA license
- Qualified individuals prefer clinical/medical settings as opposed to educational
- Few have ESA certificate needed for school district work
- Schools limited by clinical sites/qualified faculty
- Fewer available than needed
- New graduates have student loans, but less than PTs

Occupational Therapists (OTs), answers to survey questions #1-#6

The following survey results demonstrate both estimated numbers in the targeted region based on inferences made by the survey sample as well as the actual numbers reported by the combined 52 responding organizations.

Note: Full-Time = 35+ hours/wk, Part-Time = less than 35 hours/wk

1. Number of employees currently employed in each occupation (do not include agency/contract)
Estimated at: **534** full-time & **552** part-time (Actual numbers from the 52 organizations: **85** full & **88** part-time)

2. Number of agency/contract employees in each occupation
Estimated at: **81** full-time & **44** part-time (Actual numbers from the 52 organizations: **13** full & **7** part-time)

3. How many vacancies do you currently have in each occupation?
Estimated at: **119** full-time & **88** part-time (Actual numbers from the 52 organizations: **19** full & **14** part-time)

4. How many months does an open position typically stay vacant in each occupation?
(The numbers below demonstrate the average number of months, as reported by all respondents)
5.2 full-time **6.1** part-time

5. How many entry level employees would you reasonably be able to employ in the next 12 months, should the qualified applicants be available?
Estimated at: **119** full-time & **129** part-time (Actual numbers from the 52 organizations: **19** full & **20.5** part-time)

6. In your organization's opinion, please list the top reasons contributing to an overall community worker shortage in each occupation? (Some respondents cited multiple reasons)

Not Enough Students Graduating/Enough Schools (11 mentions of this). Comments include: Schools have reduced class sizes, limited amount of students accepted into & coming out of programs, schools not keeping up with the demand, limited number of graduating applicants, program availability, University limitations on program numbers, few training opps. in state, & no incentive for schools to expand programs.

Salary/Compensation (8 mentions of this). Comments include: School districts pay less & are unable to offer full-time medical benefits to part-time staff, Master's Degree more costly, & cost of living in area.

Increased Demand/Limited Qualified Individuals (9 mentions of this). Comments include: More demand for therapists, just started to feel the shortage, lack of qualified individuals, high/increased demand, limited number in Puget Sound area workforce, more therapists needed than there are available, and not enough OTs.

Low Student Enrollment/Interest (3 mentions of this). Comments include: Less people going to school for OT, incentives to go to school, and people not going into profession.

Workers Left the Field with Introduction of PPS (3 mentions of this).

Location (3 mentions of this). Comments included: barrier to on-call employment is rural location and employees prefer larger cities.

Increase in School Requirements from Bachelor's to Master's (2 mentions of this).

Therapists moving to registry work & staffing companies (2 mentions of this).

Other Comments:

- Aging population
- Difficulty finding on-call pool to draw from
- Qualified individuals prefer clinical/medical settings as opposed to educational
- More Available than PTs
- Only hire pediatric specialized OTs with experience
- Population has grown
- Lack of grads willing to enter skilled nursing
- This field is not well understood- not many people know what it is
- Schools limited by clinical sites/qualified faculty
- Require OTs with advanced skills

Certified Occupational Therapists Assistants (COTAs), answers to survey questions #1-#6

The following survey results demonstrate both estimated numbers in the targeted region based on inferences made by the survey sample as well as the actual numbers reported by the combined 52 responding organizations.

Note: Full-Time = 35+ hours/wk, Part-Time = less than 35 hours/wk

1. Number of employees currently employed in each occupation *(do not include agency/contract)*
Estimated at: **94** full-time & **75** part-time *(Actual numbers from the 52 organizations: 15 full & 12 part-time)*

2. Number of agency/contract employees in each occupation
Estimated at: **13** full-time & **6** part-time *(Actual numbers from the 52 organizations: 2 full & 1 part-time)*

3. How many vacancies do you currently have in each occupation?
Estimated at: **19** full-time & **19** part-time *(Actual numbers from the 52 organizations: 3 full & 3 part-time)*

4. How many months does an open position typically stay vacant in each occupation?
(The numbers below demonstrate the average number of months, as reported by all respondents)
6.3 full-time **6.6** part-time

5. How many entry level employees would you reasonably be able to employ in the next 12 months, should the qualified applicants be available?
Estimated at: **57** full-time & **50** part-time *(Actual numbers from the 52 organizations: 9 full & 8 part-time)*

6. In your organization's opinion, please list the top reasons contributing to an overall community worker shortage in each occupation? *(Some respondents cited multiple reasons)*

Not Enough Students Graduating/Enough Schools (10 mentions of this). Comments include: Schools not keeping up with demand, inadequate number of graduating students, there is only one program locally (GRCC) - barely enough graduates to fill demand, limited program availability, limited training facilities, lack of enough educational programs to meet needs, and no incentive to expand programs in times of worker shortages.

Salary/Compensation (6 mentions of this).

Low Student Enrollment/Interest (3 mentions of this). Comments include: Need to recruit more into the profession, small class size, and lack of public knowledge about this profession.

Limited Qualified Individuals (3 mentions of this). Comments include: Lack of qualified individuals, limited number in Puget Sound area workforce, and fewer available than needed.

Location (2 mentions of this).

Other Comments:

- Difficulty finding on-call pool to draw from
- Burnout
- Qualified individuals prefer clinical/medical settings as opposed to educational
- People left the field with PPS a few years ago
- Because of Medicare regulations, they cannot be utilized efficiently and effectively because of the overly stringent supervision requirement

Question #7 If you were to try and address the worker shortages, what would some of your suggestions be on a local, statewide, or national basis?:

Need more easily accessible PTA programs at schools. Schools should increase PT class sizes, yielding more graduates.
Better networking communication regarding job opportunities in relation to where potential therapist prospects live.
No easy answers.
More schools and a greater awareness about the available careers in rehab.
We have just recently asked our current PT staff this same question-responses received included, but are not limited to money, yearly salary in lieu of per visit pay, flexibility, college loan reimbursement, better benefit package (more benefit dollars for the employee on cafeteria plan), family/team atmosphere, continuing education dollars, paid APTA dues and company paid licensure.
PT- Figure out ways to offer incentives to get degree, tuition funds and other costs. Once you get into PT program, you can't work because it is a full time program. Medicare paperwork reduction. OT-Abolish the Medicare Part B \$1500 cap on rehab OT/PT (state), change the Medicare requirements for supervision requirements for PTAs and COTAs (fed).
More programs at colleges and universities, especially for PTA and COTA.
Inspire youth to start career tracks-mentoring will be "key."
Improve salaries, benefit packages.
1) Provide support to training programs to support academic/instructor positions and/or facilities. 2) Provide targeted scholarships and/or tuition 'forgiveness' to qualified students in return for commitment to work in area. 3) Many therapists opt for traveling or agency work rather than committing to hire into an organization, creates an unstable workforce.
1) Increase insurance reimbursement so we could pay PTs more. 2) If a PT works less than 200 hours per year, they will lose their license. That places restrictions on new mothers who can work part time or retired PTs who could fill in.
Keep PT degrees at a Masters level. Take more students into the PT/OT programs.
Allow international students/PTs to 'challenge' boards.
More PT schools/programs.
If studies are being done to track enrollment as the DPT programs progress.
Enrollment of size of class in PT/OT/COTA. Give incentives for students, i.e., grants, etc.
An awareness campaign for what physical and occupational therapies are and what therapists can do in multiple settings (hospital, SNF, home health, outpatient, pediatrics, etc.). - Return to bachelor's programs for therapists - have been sufficient for years. Many students are put off by the time and money involved. Consistent requirements across the states for licensure, testing, etc.
Investigate the insurance companies.
Let private practice have greater autonomy & let the best survive under free market system without networks & restrictive alliances.
Eliminate Medicare Part B cap, better employee benefits.
Emphasis on educational setting, encourage sign language skills, even if minimal, lobby for higher pay for high need positions like OT, PT, SLP, school psychologist.
We need more functional pragmatic pediatric OTs.
Increase the amount of students in PT, OT, PTA and COTA programs. I would see this as a real opportunity for community colleges and PTA/COTA programs.
Graduate more students.
Develop more PT, OT, PTA and COTA programs at state universities and community colleges.
1) Training programs need to be increased. 2) Paid internships need to be provided. 3) Clinical experience needs to be used for salary placement. 4) Salaries need to be increased.
Marketing of SNFs as short term rehab destination with a variety of caseloads.
Create more PT/OT programs at the universities. Expand current admissions.
Better funding from state and national sources-it is cost prohibitive with the low reimbursement rate and companies can't stay in business.
Increase number of applicants accepted into accredited programs. More bridging programs available.
Encourage 4-year institutions to maintain programs. Educate students of need in communities.
Streamline the paperwork- the sheer volume of paperwork in home health setting is daunting- scares away many qualified PTs, especially.
Increased funding for schools to increase size of programs but also stipend for clinical sites to accept students for clinical training.
Encourage/advertise through high school career counselors.
Larger PT class size.
1) More PTA and COTA programs at community college level. 2) Simplify educational routes for experienced PTAs and COTAs to upgrade to PTs and OTs. 3) Improve OTR/L education to comprehensive study of entire human body and areas traditionally done by PTs.
University systems need to have larger graduating classes. School districts need to recognize experience other than school experience. It is a fiscal issue.
1) Have therapists speak directly to employers rather than going through expensive recruiters. 2) Schools could expand number of students they accept.

The ability to provide on hands for student intern is complicated and time consuming for supervising clinician. Encourage clinical workers as well as research.
More colleges that offer these programs.
Schools should be given the opportunity by the state to provide salary credit for prior hospital/clinic experience.
1) Increase pay (i.e. increase insurance reimbursement) 2) increase number of graduates from state programs (tuition is less) or improve scholarships (not loans) to private PT programs.
1) Implement increased local PTA/COTA programs. 2) Implement increased local rehab tech programs. 3) Add funding to pay for schooling.
Sponsoring schools, forgiving school loans in lieu of a job.

Question #8 Is there a real or a perceived shortage of PT/OT workers? Can patients in the community get the treatment they need somewhere else? Please Explain.

I believe eventually patients can get therapy- but they may need to wait a few weeks to get therapy. For our residents, we have enough staff to meet their needs & they would not be able to go somewhere else.
Real need. Patients in hospitals and SNFs aren't medically stable enough to go elsewhere. Outpatient clinics are abundant and certainly patients can get treatment elsewhere.
The shortage is real . Rehab staffing companies are extremely busy.
I believe there is a REAL shortage of PT workers, maybe more so in the home health environment. Yes, patients can get treatment in the community-PT clinics, in-patient at local hospitals. However, home health patients are homebound and the PT goes to them as the patient is well enough to be at home, but not well enough to go from clinic to clinic, etc. Therapists are a social group-usually they are individuals who like to socialize while working-perfect in a clinic setting. However, home health PTs can spend hours alone in their vehicles as they drive from patient to patient. The only time they spend with each other is in team meetings or at outside social events. There is some flexibility in home health as once a rehab therapist is assigned to an area, it is not uncommon for that person to get to know the local drive-ins, cleaners, etc. We have had staff arrange visits so they could pick up their children at school and drop off at daycare if they work in the same area. I attended a home care human resource conference in March where people from all over the nation were trying to find ways of recruiting and retaining rehab staff. I have talked with agencies who supply the traveling rehab person and have heard stories of how these companies have a single department of 20 or more staff members with the goal of recruiting rehab staff. I attended a job fair at the University of WA where 30 some students were graduating and there must have been at least 50 tables of recruiters lined up with all their come-ons.
P/T- Real shortage. They need to see a therapist. O/T-real shortage--There are no other professionals trained to provide these specialized services.
Real shortage in schools.
Access can be problematic depending on individual insurance coverage.
I suspect a real shortage.
Real -our acute care hospital cannot meet skilled therapy needs of patients. Our organization is heavily regulated (CMS etc.) and many resources are used in compliance with those regulations. "Form follows finance". We cannot charge for services provided by . . .aides, for example.
I have contacted many PT clinics and the shortage is real , especially for skilled orthopedic therapists.
Not if they're at a SNF level-they need inpatient rehab - they are not able to get to outpatient clinic.
Real . Insurance companies are requiring credentialed practitioners and their networks are closed.
The shortage is real , both in people being trained and because people drop out of the field because therapists aren't given the respect deserved. Burnout is high.
Real . Staffing is being patch worked. Travelers are much more common. Continuity of core therapists are doing only billable time. Overall presence in SNF unable to assist outside billable time.
There appears to be shortages in most acute care hospitals in Seattle. That is, when a candidate interviews they can choose between 5-10 positions elsewhere.
Real . Contacts I have at outpatient facilities are experiencing the same shortage and difficulty filling positions.
We believe there is a real shortage as we are part of Extencare, a nationwide company that has many openings in all areas. The other companies we have recently worked for are also experiencing staffing shortages. As a therapist, I get calls from recruiters on a near daily basis, even here at work. Other therapists are experiencing the same thing. Our facility remains busy with 30-50 rehab patients each day. There does not seem to be an effective, suitable alternative in the community (aside from therapy).
Real shortage. Possibly, but not without excess wait times, compromising care and increased effort and travel in a time of pain and discomfort.
In my area, there are too many private PT clinics for the number of referral sources. Shortage may be perceived , not real.
Real shortage-a lot of group therapy occurring in skilled nursing facilities instead of one-on-one therapy.
Real . Districts scramble to get services-sometimes pay big \$ to individuals/agencies for private therapy, even transport kids to cities.
Could be - that there are more business and the same amount of patients. However I have to pay up the nose for a PT.

We have had very few responses to advertisements and when we do interview, the workers want more money than our organization's scale. Need updated salary surveys. Doctorate level therapists are going to want more money which compounds the problem.
In the education community (school districts) there is a real shortage of PT/OT workers, particularly outside of major cities.
There is an extreme shortage in Snohomish, Skagit and Whatcom Counties for PT, moderate shortage of OTs. Therapists in contract therapy companies are being pulled to multiple sites across counties to cover vacancies.
Real - at our facility we always manage somehow to get people in on staff in flexible and work extra or float arounds to provide coverage.
A real shortage for pediatric therapists-especially for ongoing therapy and in particular for over 3 years of age and when are state funded.
Real shortage in Washington. Patients can always go get treatment, it just may not be convenient for them and/or no continuity in regards to therapists they may work with etc.
We only employ Hand Therapist OTs--We received very little response when we advertised.
I believe the shortage is real because of aging population and an increase in # of infants/children with developmental issues. In home health, we only provide services to those patients who cannot leave their home to access treatment- so no, they can't go somewhere else.
Real shortage.
We do not feel there is as great a shortage in PT/OT as there is in speech language pathologists.
Real shortage, people getting less time with therapists.
The PT shortage is real and is at least in part due to the APTA insisting on PT being entry level doctorate, thereby lengthening the # of years of schooling. Properly trained OTR/Ls can perform most if not all PT services; no other community alternatives exist.
Yes there is a shortage in the school. Snohomish School District has a stable therapy staff.
Real -several years ago the national PT Association started discouraging new programs and limited size of classes (because at the time there was a glut of therapists - reimbursement issue caused by actual billing (rare in nursing homes) .
Patients could leave the community driving 1-2 hours for large rehab facilities. Most agencies in the county (school districts, hospitals, private practice) have trouble filling positions.
PTs/OTs can be selective in where they work due to limited trained professionals in those professions.
I believe this is a real shortage.
Current refusal by Regence to credential new PTs in clinics who are not already credentialed as a group is a real barrier to access of geographically convenient care and limits establishing new small clinics.
Real shortage-shortage is in every area. So anywhere you go it's hard to get treatment.
Plenty of PT clinics in the community- patients can be seen.
A Real shortage. We are hospital based and have an acute rehab unit. Patients can not go elsewhere.

10. Any additional comments/observations regarding workforce issues in Physical/Occupational Therapy?

The therapists I work with are having more difficulty having a private practice financially viable. So my clients that are home bound could be in jeopardy if PT and OT stop doing private practice. Shortages are affecting the ability to provide services.
The more advanced degrees required the fewer clinicians we will have because insurance reimbursements will not allow increased salaries to support them.
It is an issue that will become even more acute with the aging population.
I can only address the PT issues. We need to make sure that physical therapy is only being done by licensed PTs. Also we need to STOP physicians from employing therapists.
Maybe if some of the new graduates worked in the hospitals for awhile before saturating the field of private practice, there would be more PTs to go around and fill needs.
PT assistant programs may need to be expanded - more education and legislation to allow them to work as PTs did (do evaluations, etc.) We will need more people willing to do the work for available wage. Can hire PTs or PTAs to fill need.
There are similar shortage issues for speech/language pathologists.
Has this been addressed with speech language pathology?
Registry is not able to supply help on short notice due to their shortage.
The vast majority of physical therapy professionals oppose the conversion to entry level doctorate. The APTA does not reflect or represent them; most are not members.
There will always be a large 'churn' in the market. PTs get hired and many choose to start families so they either decrease hours or quit.
Much insurance PT coverage has a dollar cap of \$1,000-\$2,000 which has not been adjusted for inflation in 10+ years.
Our shortage numbers do not reflect the critical shortages since our recent hires. Specialty positions have been vacant 1-2 years.
Please keep me posted as to your results.